

Pregnancy Coverage

Medical Coverage for Pregnancy Related Services ONLY

To be financially eligible, your adjusted income must be below the following income limits.
(Include unborn child in family size.)

| FAMILY SIZE | ADJUSTED INCOME LIMIT |
|--------------------|------------------------------|
| 2 | \$1,552 |
| 3 | \$1,951 |
| 4 | \$2,350 |
| 5 | \$2,749 |
| 6 | \$3,148 |
| 7 | \$3,547 |

***Amount increases with each additional member.

To figure adjusted income, start with gross monthly income and **subtract** the following:

- 20 percent of gross earnings OR \$90, whichever is greater for each employed parent.
- \$50 if you receive child support.
- The child support you pay out monthly.
- Child care paid monthly due to employment.
- Also see General Information on back.

1. Assets must be below \$7,500.

2. Certain assets, such as the home in which you live and one vehicle, do not count.

3. If there is health insurance, the program pays the deductibles, co-payments, and allowed pregnancy services are not covered by your insurance policy.

4. If under the age of 18 and living with a parent(s), a portion of the parents' income and assets are counted.

General Information

*Applications must be mailed or faxed. If you would like an interview, you may request one.

*If a member of your family receives SSI **DO NOT** count them in the family size and **DO NOT** count their income.

*Earnings of a child (under age 19) are not counted if living with a parent or other adult caretaker.

*Most student loans or grants are not counted as income.

*The start date of medical coverage depends on the date the application is received by the Department of Social Services in your county.

*Medical coverage may go back **3 months prior** to the application date.

*Send **proof of all income and expenses** from the last 30 days along with the application. Also, send proof of expenses for child support paid and child care paid while working.

*The fifth paycheck, if paid weekly, or the third paycheck, if paid every other week, is **NOT** counted.

Contact Information

Address:

South Dakota Department of Social Services
Division of Economic Assistance
700 Governors Drive
Pierre, SD 57501

Phone: 1-800-305-3064

Web: www.dss.sd.gov

Revised January 2008

CHIP South Dakota's
Children's Health Insurance Program



Medical Benefits for Children and Families

Programs provided by the
South Dakota Department of Social Services.

DSS
Strong Families - South Dakota's Foundation and Our Future



For CHIP eligibility, compare your adjusted monthly income to the charts below.

CHART #1

To figure adjusted income, start with gross monthly income and **subtract** the following:

- 20 percent of gross earnings OR \$90, whichever is greater for each employed parent.
- \$50 if you receive child support.
- The child support you pay out monthly.
- Child care paid monthly due to employment.
- Also see General Information on back.

*****If adjusted income is over the amounts in CHART #1 AND the child does NOT have private health insurance, continue reading:**

CHART #2

To figure adjusted income, start with gross monthly income and subtract the following:

- \$50 if you receive child support.
- The child support you pay out monthly.
- Child care paid monthly due to employment (cannot be more than \$500.)
- Also see General Information on back.

| FAMILY SIZE | ADJUSTED INCOME LIMIT | |
|-------------|-----------------------|---------|
| | CHART #1 | CHART#2 |
| 1 | \$1,214 | \$1,734 |
| 2 | \$1,634 | \$2,334 |
| 3 | \$2,054 | \$2,934 |
| 4 | \$2,474 | \$3,534 |
| 5 | \$2,894 | \$4,134 |
| 6 | \$3,314 | \$4,734 |
| 7 | \$3,734 | \$5,334 |

***Amount increases with each additional member.

FREE Health Insurance for Children Under Age 19

- *Assets **are not** counted.
- *Only the child's income is considered if the child is not living with his or her parent(s).
- *If financially eligible, using adjusted income limits under **CHART #1**, children are eligible with or without private health insurance.
- NOTE:** If there is insurance, CHIP may pay the deductibles and co-payments not covered by the policy.
- *If financially eligible, only under **CHART #2** adjusted income limits, CHIP coverage is available if the child **DOES NOT** have private health insurance.

NOTE: If group health insurance is dropped for a child who is only eligible using **CHART #2**, there may be a **3 month waiting period** before the child is eligible for CHIP.

***Coverage includes:**

- Physician Services
- Hospital Services
- Vision Care
- Prescription Drugs
- Dental Care
- Mental Health Services
- Chiropractic Care
- Other Medically Necessary Services

LIF – Low Income Families

FREE Health Insurance for Families:
Adult Caretakers with Children

LIF covers families with or without private health insurance.

To be financially eligible, your adjusted monthly income must be below the following income limits.

| FAMILY SIZE | ADJUSTED INCOME LIMIT |
|-------------|-----------------------|
| 1 | \$563 |
| 2 | \$703 |
| 3 | \$796 |
| 4 | \$885 |
| 5 | \$977 |
| 6 | \$1,070 |

***Add \$90 for each additional family member.

To figure adjusted income, start with gross monthly income and subtract the following:

- \$50 if you receive child support.
- The child support you pay out monthly.
- Also see General Information on back.

1. Assets must be below \$2,000.

NOTE: Certain assets, such as the home you live in and your primary vehicle do not count.

2. Coverage includes:

- Physician Services
- Hospital Services
- Vision Care
- Prescription Drugs
- Dental Care
- Mental Health Services
- Chiropractic Care
- Other Medically Necessary Services